



MANAGED CARE OMBUDSMAN PROGRAM QUARTERLY REPORT

Year 5, Quarter 4
(January 1 - March 31, 2021)

EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs. The waiver programs include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

The Managed Care Ombudsman Program's monthly and quarterly report reports cases and complaints from the managed care members this Office serves.

For this reporting quarter, managed care ombudsman worked on complaints from 40 members in January, complaints from 48 members in February, and complaints from 43 members in March.

The issues identified for this fourth quarter are the primary managed care member issues addressed in January, February and March 2021. During Quarter 4-Year 5 of Medicaid managed care, the primary issues reported to the Managed Care Ombudsman Program by managed care members included:

1. Access to Services/Benefits. Access to Services/Benefits continues to be a primary issue reported to the Managed Care Ombudsman Program. This quarter members again report issues with accessing services and benefits.
2. Services Reduced, Denied or Terminated. Members reported reductions or denials in their HCBS waiver services. Services reduced denied or terminated continues to be a primary issue reported to the Managed Care Ombudsman Program. This quarter members again report issues with services being reduced, denied or terminated.
3. Notice of Decision Appeals and Fair Hearings. This quarter members are availing themselves of this process to appeal determinations with which members do not agree.

The report that follows includes an overview of the fourth programmatic quarter of Year 5 (January, February and March 2021), as well as an update on the program.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or managedcareombudsmanprogram@iowa.gov.

MEMBER ASSISTANCE

Members per MCO in process January 2021	Amerigroup Iowa	24
	Iowa Total Care	14
	Fee for Service	2
Referrals per Entity¹	Department of Human Services	1
	Department of Inspections and Appeals	1
	Disability Rights Iowa	-
	Iowa Compass	-
	Iowa Legal Aid	2
	LifeLong Links	-
	MCO	1
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
	Other	1
Grievances/Appeals/Fair Hearings	Grievance assistance	1
	Appeals assistance	6
	Fair Hearing assistance	-

Members per MCO in process February 2021	Amerigroup Iowa	33
	Iowa Total Care	13
	Fee for Service	-
Referrals per Entity¹	Department of Human Services	2
	Department of Inspections and Appeals	-
	Disability Rights Iowa	-
	Iowa Compass	-
	Iowa Legal Aid	-
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	3
	Appeals assistance	2
	Fair Hearing assistance	1

¹ Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

MEMBER ASSISTANCE

Members per MCO in process March 2021	Amerigroup Iowa	30
	Iowa Total Care	11
	Fee for Service	2
Referrals per Entity¹	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	4
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	1
	Appeals assistance	7
	Fair Hearing assistance	3

¹ Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

A Physical Disability Waiver member was in need of CDAC services and a wheelchair while facing a reduction of services. With the assistance of the Managed Care Ombudsman Program, the member appealed the decision and was approved for both the CDAC services and the wheelchair which were necessary to remain safe and healthy in their home.

Complaint(s) Resolution by Program Type

Amerigroup Iowa January, February and March	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	F	M	J	F	M	J	F	M	J	F	M	
AIDS/HIV Waiver										2			2
Brain Injury Waiver		2								1	1		4
Children's Mental Health Waiver													
Dental													
Duals													
Elderly Waiver	2	15	2		2			6			13	9	49
Habilitation													
Health & Disability Waiver	1	2	5							8	6		22
HIPP													
Institutional Care													
Iowa Health & Wellness	1									1			2
Intellectual Disability Waiver		12	7		1			5		3	3	11	42
Medicare													
PACE													
Physical Disability Waiver	3										2		5
QMB or SLMB													
Traditional Medicaid													
Other		10	5						1	6	3	2	27
N/A													
Unknown													
TOTAL:	7	41	19	0	3	0	0	11	1	21	28	22	153

Fee for Service January, February and March	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	F	M	J	F	M	J	F	M	J	F	M	
AIDS/HIV Waiver													
Brain Injury Waiver													
Children's Mental Health Waiver													
Dental													
Duals													
Elderly Waiver													
Habilitation													
Health & Disability Waiver			3							3			6
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver													
Medicare													
PACE													
Physical Disability Waiver													
QMB or SLMB													
Traditional Medicaid													
Other									2	2			4
N/A													
Unknown													
TOTAL:	0	0	3	0	0	0	0	0	2	5	0	0	10

Complaint(s) Resolution by Program Type

Iowa Total Care January, February and March	Fully or partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	F	M	J	F	M	J	F	M	J	F	M	
AIDS/HIV Waiver													
Brain Injury Waiver		5	1						2				8
Children's Mental Health Waiver			3			3					6		12
Dental													
Duals													
Elderly Waiver	1		8		4					1			14
Habilitation		4											4
Health & Disability Waiver		5	4									2	11
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver	2		5							4		1	12
Medicare													
PACE													
Physical Disability Waiver												2	2
QMB or SLMB													
Traditional Medicaid													
Other		4									2		6
N/A													
Unknown		4											4
TOTAL:	3	22	21	0	4	3	0	0	2	5	8	5	73

COMPLAINTS & CASES

JANUARY

In January the Managed Care Ombudsman Program worked on complaints from 40 individual members. Out of the 30 active cases, 9 are newly opened. The top complaint from managed care members in January was in regard to Access to Services/Benefits (17 members). Additional complaints include:

All open cases:

Case Management (6 members) Access to Services/Benefits (16 members) Services reduced, denied or terminated (9 members) CCO & CDAC (9 members) Transition services/coverage gap, inadequate or inaccessible (5 members) Other/residence issues (2 member) Member Rights (7 members) Level of Care (7 members) NOD, Appeals, Fair Hearing (7 members) Complaints against provider (4 members) Eligibility & Enrollment (2 members) Care Planning (5 members) Access to durable medical equipment and medications (7 members) Discharge (2 members) Transportation (4 members) Home and vehicle modifications (5 members) Member Relations & Grievances (5 members) Guardianship (0 members) Exception to Policy (6 members) Prior Authorization (2 members) Network Adequacy (1 members) COVID-19 (7 members)

Closed cases:

Case Management (0 members) Access to Services/Benefits (1 members) Services reduced, denied or terminated (0 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (0 member) Other/residence issues (0 members) Member Rights (2 member) Level of Care (1 members) NOD, Appeals, Fair Hearing (0 members) Complaints against provider (0 member) Eligibility & Enrollment (0 members) Care Planning (2 members) Access to durable medical equipment and medications (1 members) Discharge (0 members) Transportation (1 members) Home and vehicle modifications (2 members) Member Relations & Grievances (0 member) Guardianship (0 member) Exception to Policy (0 member) Prior Authorization (0 member) Network Adequacy (0 members) COVID-19 (0 member)

FEBRUARY

In February the Managed Care Ombudsman Program worked on complaints from 48 individual members. Out of the 24 active cases, 7 are newly opened. The top complaint from managed care members in February was in regard to Access to Services/Benefits (21 members). Additional complaints include:

All open cases:

Case Management (6 members) Access to Services/Benefits (12 members) Services reduced, denied or terminated (8 members) CCO & CDAC (7 members) Transition services/coverage gap, inadequate or inaccessible (5 members) Other/Member charged improper cost sharing/eviction (2 member) Member Rights (3 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (9 members) Complaints against provider (6 members) Eligibility & Enrollment (2 members) Care Planning (2 members) Access to durable medical equipment and medications (6 members) Discharge (2 members) Transportation (5 members) Home and vehicle modifications (3 members) Member Relations & Grievances (6 members) Guardianship (0 member) Exception to Policy (4 members) Prior Authorization (1 members) Network Adequacy (1 members) COVID-19 (5 members)

COMPLAINTS & CASES

Closed cases:

Case Management (7 members) Access to Services/Benefits (9 members) Services reduced, denied or terminated (4 members) CCO & CDAC (7 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing/eviction (2 member) Member Rights (5 members) Level of Care (3 member) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (5 member) Eligibility & Enrollment (2 members) Care Planning (6 members) Access to durable medical equipment and medications (1 member) Discharge (1 member) Transportation (3 members) Home and vehicle modifications (1 member) Member Relations & Grievances (5 members) Guardianship (0 members) Exception to Policy (0 members) Prior Authorization (2 member) Network Adequacy (0 members) COVID-19 (1 member)

MARCH

In March the Managed Care Ombudsman Program worked on complaints from 43 individual members. Out of the 27 active cases, 5 are newly opened. The top complaint from managed care members in March was in regard to Access to Services/Benefits (22 members). Additional complaints include:

All open cases:

Case Management (6 members) Access to Services/Benefits (14 members) Services reduced, denied or terminated (13 members) CCO & CDAC (11 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing/eviction (2 members) Member Rights (4 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (9 members) Complaints against provider (6 members) Eligibility & Enrollment (1 member) Care Planning (3 members) Access to durable medical equipment and medications (9 members) Discharge (3 members) Transportation (5 members) Home and vehicle modifications (4 members) Member Relations & Grievances (5 members) Guardianship (0 members) Exception to Policy (6 members) Prior Authorization (2 members) Network Adequacy (1 members) COVID-19 (6 members)

Closed cases:

Case Management (4 members) Access to Services/Benefits (8 members) Services reduced, denied or terminated (3 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (1 member) Other/Member charged improper cost sharing/eviction (1 member) Member Rights (5 members) Level of Care (2 members) NOD, Appeals, Fair Hearing (0 members) Complaints against provider (6 members) Eligibility & Enrollment (3 members) Care Planning (3 members) Access to durable medical equipment and medications (1 member) Discharge (2 members) Transportation (1 member) Home and vehicle modifications (1 member) Member Relations & Grievances (1 member) Guardianship (1 member) Exception to Policy (1 member) Prior Authorization (0 members) Network Adequacy (0 members) COVID-19 (1 member)

MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. Transition Services. Issues with transition services were a trend again this quarter. Without adequate transition services members can experience a disruption in the continuity of care that creates a gap in services.
2. Services Reduced, Denied or Terminated. Members report reductions or denials in their HCBS waiver services.
3. Transportation. Transportation issues created challenges for many members trying to attend regularly scheduled medical appointments or access specialty healthcare.

A Health and Disability Waiver member and their caregiver were in need of respite services. The Managed Care Ombudsman advocated for the member and assisted the family with an appeal and request for an exception to policy. The member was approved for an exception to policy allowing for the use of respite services in their home.

ADDITIONAL MATERIALS

The Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of communications materials and tools can be found at the Managed Care Ombudsman website. Additionally, *How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care In Iowa* is a resource for members.



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